

APPENDIX 1

<u>Effective Date</u>	<u>In-Court Rate</u>	<u>Out-of-Court Rate</u>
1/1/1996	\$65.	\$45.
1/1/2000	\$70.	\$50.
11/12/2000	Increase of maximum allowable compensation limits without Circuit approval	
4/1/2001	\$75.	\$55.
5/1/2002	\$90.	\$90.
12/8/2004	Increase of maximum allowable compensation limits without Circuit approval	
1/1/2006	\$92	\$92

MILEAGE RATES

<u>Effective Date</u>	<u>Rates per Mile</u>
1/1/1997	30¢
1/1/1998	31¢
9/8/1998	32.5¢
4/1/1999	31¢
1/14/2000	32.5¢
1/2/2001	34.5¢
1/14/2002	36.5¢
1/1/2003	36¢
1/1/2004	37.5¢
2/4/2005	40.5¢
9/15/2005	48.5¢
1/1/2006	44.5¢

TRAVEL EXPENSE MAXIMUMS

Gainesville	\$148.50	(prior to 10/1/2004)
Pensacola	\$178.50	(prior to 10/1/2004)
	\$153.00	(10/1/2004 - 5/5/04)
Tallahassee	\$154.50	(prior to 10/1/2004)
Panama City	\$139.50	(9/16/2001 - 9/30/2001)
	\$175.00	(10/1/2001 - 11/03/2002)
	\$174.00	(11/04/2002 - 9/30/2004)

IN-COURT HOURLY WORKSHEET FOR CJA APPOINTED COUNSEL

In-court hourly rate is \$92.00*See Information Packet for Prior Rate Periods

Defendant Name_____

[illegible]

OUT-OF-COURT WORKSHEET FOR CJA APPOINTED COUNSEL

Out-of-court hourly rate is \$92.00.*See Information Packet for Prior Rate Periods

Defendant Name _____

Date	Brief Description of Services	Interviews and Conferences	Obtaining/ Reviewing Records	Legal Research Writing	Travel Time	Investigative/ Other Work	
Totals							

Defendant Name_____

Date	Brief Description of Services	Mileage and Parking	Meals and Lodging	Copying	Postage	Telephone and Telegram	Other
Totals							

INSTRUCTIONS FOR IN-COURT and OUT-OF-COURT HOURLY WORKSHEET (Rev. 10/1/2004)

These worksheets were devised to standardize the itemization and documentation of hourly totals for in-court and out-of-court services performed by court-appointed counsel in the defense of a client under the Criminal Justice Act (CJA). Each attorney should provide the following on each worksheet:

1. The case number and defendant name pertaining to the claim
2. For each in-court and out-of-court service rendered provide the following:
 - a. the date the service was performed
 - b. a brief description of the service performed
 - c. the time spent performing the service

The time spent performing the services must be reported in 1/10 hours, using percentages; i.e., .2, .5, etc. In addition, the time reported will be listed under the appropriate in-court and out-of-court service categories; i.e., arraignment and/or plea, motions and requests, bail hearings, etc.

Once all in-court and out-of-court services have been documented, the hours column pertaining to each service category will be totaled. If more than one page is required they should be numbered as follows: page 1 of 3, page 2 of 3, etc., and a page total should be provided on each page. A grand total of all page totals should be provided on the final page. The grand total hours for each service category will then be transferred to items 15 (in-court) and 16 (out-of-court) of the CJA 20 in the box under column entitled "Hours Claimed." The in-court and out-of-court compensation should then be calculated, multiplying the applicable rate per hour by the total hours, and that figure placed in the "Total Amount Claimed" column.

Once all necessary information has been completed and transferred to the CJA 20, the in-court and out-of-court hourly worksheets must be attached to the CJA 20.

INSTRUCTIONS FOR OTHER EXPENSE WORKSHEET

This worksheet was devised to standardize the itemization of other reimbursable expenses incurred by court-appointed counsel in the defense of a client under the Criminal Justice Act (CJA). Each attorney should provide the following on the worksheet:

1. The case number and CJA 20 defendant name pertaining to the claim
2. For each item of other expense incurred provide the following:
 - a. the date incurred
 - b. a brief explanation of the expense
 - c. the amount of expense incurred

Attach supporting documentation; i.e., receipts, canceled checks and invoices for all expenses in excess of \$50.00. Such expense items as mileage and copying should show the total miles and pages, respectively, multiplied by the applicable rate to arrive at the expense incurred. The expense incurred should then be listed under the appropriate other expense category; i.e., mileage, parking, meals, etc.

Once all other expenses have been itemized, total each column, listing the total amount. Transfer and list other expense categories and their applicable totals, using the spaces provided on items 17 and 18 of the CJA 20 in the box under column entitled "Total Amount Claimed." The other expense worksheet, along with any supporting documentation, must be attached to the CJA 20.

INSTRUCTIONS FOR CJA FORM 20
APPOINTMENT AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

Read these instructions carefully before completing the form. Accuracy and thoroughness will aid in the prompt payment of the claim. If possible, use a typewriter to complete the form; otherwise, write legibly with a ball point pen (preferably black or dark blue ink). If the form is system generated, Items 1 through 12 and 14 will be preprinted on the form. Attach an itemized statement of the services provided and expenses incurred. Give the date and the number of hours claimed for each service provided. Provide dates for and a description of the expenses incurred. For additional guidance, see the *Guidelines for the Administration of the Criminal Justice Act and Related Statutes (CJA Guidelines)*, Volume VII, *Guide to Judiciary Policies and Procedures*, which is available for reference in the Clerk's office.

Appointed counsel may obtain investigative, expert, and other services necessary for adequate representation in accordance with the procedures set forth in subsection(e) of the Criminal Justice Act (CJA), 18 U.S.C. §3006A. Prior authorization from the presiding judicial officer is required for all such services where the cost, excluding expenses, will exceed \$300. Failure to obtain prior authorization will result in the disallowance of any amount claimed for compensation in excess of \$300, unless the presiding judicial officer, in the interest of justice, finds that timely procurement of necessary services could not await prior authorization. Payment for these services should be claimed directly by the service provider on a CJA Form 21, "Authorization and Voucher for Expert and Other Services."

Vouchers shall be submitted no later than 45 days after the final disposition of the case, unless good cause is shown (Paragraph 2.21A, *cja guidelines*). All payments made pursuant to this claim are subject to post-audit; contemporaneous time and attendance records as well as expense records must be maintained for three years after approval of the final voucher (paragraph 2.32, *cja guidelines*). Any overpayments are subject to collection, including deduction of amounts due from future vouchers.

- Item 1.** **CIR./DIST./DIV. CODE:** This six-character location code is the circuit, district, and divisional office codes of the court where the proceedings for the person represented are held.
- Item 2.** **PERSON REPRESENTED:** Give the full name of the person whom you were appointed to represent.
- Items 3-6.** **DOCKET NUMBERS:** Provide the case file or miscellaneous number assigned by the court. Enter the number using the last two digits of the calendar year (YY), the sequential number assigned by the court (NNNNN), and the defendant number (DDD) as shown on the indictment or charging document. Thus, the format of the docket number is YY-NNNNN-DDD. **Note:** If two or more cases are heard or tried together for the person represented, complete a separate voucher for each case in which representation is provided (i.e., for each docket number listed). Prorate the total time among the cases. On supporting documentation, cross reference all related claims for which costs are prorated.
- Item 7.** **IN CASE/MATTER OF (CASE NAME):** In criminal cases, enter *U.S. vs. Defendant's Name*. If it is a multiple defendant case, give the case cite as provided on the indictment or information (e.g., *U. S. vs. Lead Defendant's Name, et al*). If the person represented is not a defendant (e.g., material witness), enter the first named defendant in the court's recording of the case. If this is a civil case (e.g., habeas corpus), enter the *Name of the Petitioner vs. the Name of the Respondent* and include the respondent's title. If other than a civil or criminal case (i.e., miscellaneous matters), enter "*In the Matter of*" followed by the *Name of the Person Represented*.
- Item 8.** **PAYMENT CATEGORY:** Check the appropriate box that establishes the statutory threshold for representation in this case type. If "Other" payment category is checked, specify the category within the scope of the CJA. See paragraph 2.22 B(2) of the *CJA Guidelines*.

Item 9. TYPE PERSON REPRESENTED: Check the box that defines the legal status of the person represented.

Item 10. REPRESENTATION TYPE: From the list below, select the code that describes the type of representation:

CC A defendant charged in a criminal case with an offense(s) that is a felony, misdemeanor, or petty offense under the United States Code, or an assimilated crime under a state code including ancillary matters.

NT A new trial either directed from the court of appeals on remand or as a result of a mistrial

MA Motion attacking a sentence (28 U.S.C. § 2255)

MC Motion to correct or reduce sentence (Fed. R. Crim. P. 35)

HC Habeas corpus, non-capital (28 U.S.C. § 2254)

BP Bail Presentment

WI Material Witness (in custody)

WW Witnesses (Grand Jury, a Court, the Congress, a Federal Agency, etc.)

PR Probation Revocation

PA Parole Revocation

SR Supervised Release Hearing

EW Extraordinary Writs (Prohibition, Mandamus)

CH Mental Competency Hearings (see Chapter 313 of Title 18 U.S. Code)

PT Pretrial Diversion

EX Extradition Cases (Foreign)

Other (e.g., line ups, consultations, prisoner transfer, etc.)

FOR DEATH PENALTY CASES, USE THE CJA FORM 30 AND APPLICABLE TYPE OF REPRESENTATION CODES

Item 11. OFFENSE(S) CHARGED: Cite the U.S. Code, with title and section, or other code citation of the offense or offenses (list up to five) with which the person represented is charged. If other than a federal code is cited, state the statutory maximum period of confinement authorized for the offense. If a civil matter, such as a habeas corpus representation or a motion attacking sentence, cite 28 U.S.C. § 2254 or 28 U.S.C. § 2255, respectively. For direct appeals from a case disposition, cite the major offense (U.S. Code, title and section) for which the defendant was convicted.

Items 12/14. ATTORNEY'S NAME AND MAILING ADDRESS and NAME AND MAILING ADDRESS OF LAW FIRM: Complete Item 12 with the legal name and address of the attorney appointed to represent the person whose name is shown in Item 2. If prior to your appointment for representation, you had a pre-existing agreement with a law firm or

corporation, including a professional corporation, indicating that CJA earnings belong to the law firm or corporation, rather than to the court-appointed attorney/payee, provide the name and mailing address of that law firm or corporation in Item 14. This information will allow earnings to be reported to the Internal Revenue Service (IRS) on a 1099 Statement as earnings of the law firm or corporation and not as the earnings of the attorney appointed. *(Note: Information about a pre-existing agreement, including the Taxpayer Identification Number (TIN) of the law firm or corporation, should be provided to the court staff when the attorney is admitted to the panel or at initial appointment to a case.)*

- Item 13. COURT ORDER:** Check the box that describes the type of counsel appointed. If appointed as a substitute counsel, give the name of the previous counsel and the appointment date. If appointed as a "Standby Counsel," check "Other" and attach a court order establishing this type of appointment in accordance with paragraph 2.17 of the *CJA Guidelines*. Also check "Other" if counsel is appointed pursuant to 28 U.S.C. § 1875(d)(1) to protect a juror's employment rights, and attach the court order appointing counsel for this purpose. The remaining portion of this item will be completed by the clerk of court or other court-designated person. The presiding judicial officer or clerk of court must sign and date this court order to validate the appointment. If services were provided prior to court appointment, the presiding judicial officer may wish to ratify the previous service by indicating a "nunc pro tunc" date that covers the services prior to appointment. No other court order is necessary. Indicate whether the court orders full or partial repayment of the cost for representation from the person represented at the time of appointment by checking "Yes" or "No."
- Item 15. IN-COURT SERVICES:** Enter the total number of hours claimed (in hours and tenths of an hour) for each applicable in-court service category. To support the totals entered in each category, attach to the voucher an itemization of services, by date, and indicate the number of hours for each service. Enter the total in-court hours where required on the form, and multiply the total number of in-court hours claimed by the hourly rate in effect for the place of holding court in which the representation is provided or the attorney maintains his or her principal office. If the case is an appeal to the court of appeals, enter the higher of the rates per hour in effect for the place of holding court in which the attorney maintains his or her principal office or the place of holding court out of which the case arose. Enter the total amount claimed in the appropriate box on the form.
- Item 16. OUT-OF-COURT SERVICES:** Complete according to the instructions above for in-court time, using the applicable out-of-court hourly rate of compensation.
- NOTE:** The "**FOR COURT USE ONLY**" column will reflect any mathematical or technical adjustments to the claim during the judicial approval process or changes during a required additional review of the chief judge of the court of appeals (or delegate).
- Item 17. TRAVEL EXPENSES:** Travel related expenses that are incidental to the representation (e.g., transportation, lodging, meals, car rental, parking, bridge, road and tunnel tolls, etc.) must be itemized on a separate sheet, indicating dates the expense was incurred. Attach supporting documentation (receipts, canceled checks, etc.) for all travel expenses. Travel expenses by privately owned automobile, motorcycle, or aircraft should be claimed at the rate in effect for federal employees at the time of travel. For overnight travel, reasonable expenses for lodging and meals will be reimbursed on an actual expense basis; per diem is not allowed. Counsel should be guided by prevailing limitations for travel and subsistence expenses of federal employees. The clerk of court can advise you of applicable rates and federal government travel regulations.
- Item 18. OTHER EXPENSES:** Itemize all reimbursable out-of-pocket expenses incidental to representation. Provide dates and a brief description of the expense. Enter the total claimed where required on the form. Submit supporting documentation (receipts, canceled checks, etc.) for single item expenses in excess of \$50. Reimbursable expenses may include, in

some circumstances, payments to law students or law clerks for legal research and assistance and the cost of computer assisted legal research (CALR) when conducted by counsel. See paragraphs 2.31 and 3.15 of the *CJA Guidelines* for an explanation. The following are not reimbursable expenses, and should not be claimed:

1. General office overhead, such as rent, telephone services, and secretarial services.
2. Expenses for items of a personal nature for the client (e.g., clothes, haircuts).
3. The cost of printing briefs. However, the cost of photocopying or similar copying service is reimbursable.
4. Fact witness fees, witness travel costs, and expenses for service of subpoenas. These expenses are not paid out of the CJA appropriation, but instead are paid by the Department of Justice pursuant to Fed. R. Crim. P. 17, and 28 U.S.C. § 1825. Contact the United States Marshal for payment procedures. See paragraph 3.13 of the *CJA Guidelines* for guidance on payment of witness fees generally.
5. Filing fees. These fees are waived for persons proceeding under the CJA.
6. The cost of allowable investigative, expert, or other services. (See Chapter III of the *CJA Guidelines*). Such services should be requested using a CJA Form 21.
7. Compensation taxes. Taxes paid on attorney compensation, whether based on income, sales or gross receipts are not reimbursable expenses.

Totals: Enter the Grand Totals where required by adding "in-court" and "out-of-court" totals, "travel" and "other expenses."

- Item 19. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD OF SERVICE:** The person appointed by the court must certify dates of service for the representation. Indicate, where required, the date range for the services claimed on the voucher.
- Item 20. APPOINTMENT TERMINATION DATE, IF OTHER THAN CASE COMPLETION:** If the appointment is discontinued by order of the court (i.e., substitute counsel or reasons other than disposition of the defendant's case, such as fugitive defendant, appointment of federal defender, or retention of counsel by a defendant), give the effective date for termination of appointment.
- Item 21. CASE DISPOSITION:** Indicate case disposition for the person represented (e.g., dismissed, convicted/final plea guilty, probation revoked, other, etc.). Select a code from the table below.

	Type of Disposition	Code
District Court Criminal and Other Proceedings	Dismissed	1
	Acquitted by court, or government motion for judgment of acquittal granted	2
	Acquitted by jury	3
	Convicted/final plea guilty	4
	Convicted/final plea nolo	5
	Convicted/court trial	8
	Convicted/jury trial	9
	Mistrial	C
	Not Guilty/insane/court trial	E
	Guilty/insane/court trial	F
	Not guilty/insane/jury trial	G
	Guilty/insane/jury trial	H
	Other (PTD matters, other reps. Transfers)	X
Appeals	Affirmed	A
	Reversed	R
	Remanded	0
	Reversed in Part/Affirmed in Part	RA
	Affirmed in Part/Reversed in Part	AR
	Dismissed	1
Probation/Parole/ Supervised Release	Revoked	RV
	Restored	RS
Habeas/Petitions/Writs	Granted	GR
	Denied	DE

Item 22. **CLAIM STATUS:** Indicate, by checking the appropriate box, whether the voucher is (1) the final payment for the services, (2) an interim payment, or (3) a supplemental payment (an additional claim submitted after a final payment is made). If an interim payment, indicate the interim payment number. Complete the remaining portion of Item 22, and sign and date the affirmation statement before submitting the claim for court approval.

Items 23-28a. **APPROVED FOR PAYMENT:** The presiding judicial officer will indicate the amount approved for payment in each category (Items 23 - 26). These amounts will reflect any mathematical and technical adjustments to your claim. The "**TOTAL AMOUNT APPROVED/CERTIFIED**" for payment equals the amount approved in the major categories, less any amounts withheld for an interim payment.

SIGNATURE OF THE PRESIDING JUDICIAL OFFICER: If the total amount approved for payment (both in-court and out-of-court), not including expenses, is less than or equal to the statutory limitation, the claim will be processed for payment. The presiding judicial officer will sign and date the voucher indicating approval of the amount to be paid in Item 27. If compensation exceeds the statutory threshold for the representation, submit a detailed memorandum, supporting and justifying that the representation was provided in a complex or extended case and that the claim for the excess amount is necessary to provide fair compensation. Upon preliminary approval of the claim, the presiding judicial officer will (1) signify approval by circling the word "cert" (for word certified) in Item 27 and (2) forward the voucher to the chief judge of the court of appeals (or delegate) for approval of the excess amount. The **JUDGE CODE** will be provided by the court staff.

Item 29-33. **APPROVED FOR PAYMENT:** For payments in excess of the statutory limitation, the chief judge for the court of appeals (or delegate) will indicate the amount approved for payment in Items 29 - 32. This amount will reflect any adjustments in your claim resulting from additional technical or mathematical review by the chief judge (or delegate). The chief judge of the court of appeals (or delegate) will indicate the **TOTAL AMOUNT APPROVED** for payment of the claim, less any amounts withheld for an interim payment in Item 33.

Item 34. **SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE):** Before the claim is paid for the excess amount, the chief judge of the appeals court (or delegate) must sign and date Item 34, approving payment for compensation that exceeds the statutory threshold. If approval is not granted, compensation will be limited to the statutory maximum for the representation and expenses as approved. The **JUDGE CODE** will be provided by the court staff.

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER					
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:	
10. REPRESENTATION TYPE (See Instructions)					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Telephone Number: _____			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Atty. <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)			_____ Signature of Presiding Judicial Officer or By Order of the Court Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		

CLAIM FOR SERVICES AND EXPENSES				FOR COURT USE ONLY	
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
In Court	15. a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(RATE PER HOUR = \$) TOTALS:					
Out of Court	16. a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
(RATE PER HOUR = \$) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					

APPROVED FOR PAYMENT - COURT USE ONLY				
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE

INSTRUCTIONS FOR
AUTHORIZATION AND VOUCHER FOR PAYMENT
OF TRANSCRIPT CJA FORM 24

Read these instructions carefully before completing the form. Accuracy and thoroughness will aid in prompt payment of the claim. If possible, use a typewriter to complete the form; otherwise, write legibly with a ballpoint pen (preferably black or dark blue ink). If the form is system generated, Items 1 through 11 will be preprinted on the form. If additional space is needed to complete an item, attach a continuation sheet to the form.

Item 1.

CIR./DIST./DIV. CODE: This four-character court location code is the circuit or district, and divisional office codes of the court where authorization is given to procure the transcript.

Item 2.

PERSON REPRESENTED: Give the full name of the person whom representation is being provided (i.e., the person whom transcript services are requested). Only one name should be entered in Item 2 "Person Represented."

Items 3-6.

DOCKET NUMBERS: Provide the case file number or the miscellaneous number of the case for which representation is provided. Enter the number using the last two digits of the calendar year (YY), the sequential number assigned by the court (NNNNNN), and the defendant number (DDD) if applicable. Thus, the docket number format is YY-NNNNNN-DDD. Complete a separate voucher for each transcript requested. Prorate the total transcript cost among the cases when costs are shared or apportioned. Cross reference all related claims for which costs are prorated or apportioned.

Item 7.

IN CASE/MATTER OF (CASE NAME): In criminal cases, enter U.S. vs Defendant's Name. If it is a multiple defendant case, give the case cite as provided on the information or indictment (e.g., U.S. vs. Lead Defendant's Name, et al.) If the person represented is not a defendant (e.g. material witness), enter the first named defendant in the court's recording of the case. If this is a civil case (e.g., habeas corpus), enter the Name of the Petitioner vs. the Name of the Respondent and include the respondent's title. If other than a criminal or civil case (i.e., miscellaneous matters), enter "In the Matter of" followed by the Name of the Person Represented.

Item 8.

PAYMENT CATEGORY: Check the appropriate box that defines the statutory threshold for this representation type. If "Other" payment category is checked, specify the category within the scope of the Criminal Justice Act (CJA). See paragraph 2.22 B(2), of the Guidelines for the Administration of the CJA and Related Statutes (CJA Guidelines), Volume VII, Guide to Judiciary Policies and Procedures.

Item 9.

TYPE PERSON REPRESENTED: Check the box that categorizes the legal status of the person represented.

Item 10.

REPRESENTATION TYPE: From the list below, select the code that describes the type of representation:

CC A defendant charged in a criminal case with an offense(s) that is a felony, misdemeanor, or petty offense under the U.S. Code, or an assimilated crime under a state code.

NT A new trial either directed from the court of appeals on remand or as a result of a mistrial

MA Motion attacking a sentence (28 U.S.C. § 2255)

MC Motion to correct or reduce sentence (Fed. R. Crim. P. 35)

HC Habeas Corpus, non-capital (28 U.S.C. § 2254)

BP Bail Presentment

WI Material Witness

WW Witnesses (Grand Jury, a Court, the Congress, a Federal Agency, etc.)

PR Probation Revocation

PA Parole Revocation

SR Supervised Release Hearing

EW Extraordinary Writs (Prohibition, Mandamus)

CH Mental Competency Hearings (see Chapter 313 of Title 18 U.S. Code)

PT Pretrial Diversion

EX Extradition Cases (Foreign)

OT Other Types (e.g., line ups, consultations, prisoner transfer, etc.)

TD Appeal of Trial Disposition

CA Other Types of Appeals

AP Appeal From Magistrate's Decision

Item 11.

OFFENSE(S) CHARGED: Cite the U.S. Code, title and section, of the offense or offenses for which the person represented is charged. If a death penalty case, cite the charge for which the death penalty is being sought. If a civil matter, such as a capital habeas representation or motion attacking sentence, cite 28 U.S.C. § 2254 or 28 U.S.C. § 2255, respectively.

Item 12.

PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED: Describe briefly the nature of the proceeding or other purpose for which the transcript is required (e.g., motion hearing, trial preparation, trial, appeal).

Item 13.

PROCEEDINGS TO BE TRANSCRIBED: Describe specifically the type of proceedings to be transcribed (e.g., preliminary hearing, arraignment, plea, sentencing, trial, motions, parole or probation proceedings, state court proceedings, deposition). For restrictions on trial transcripts, see Item 14.

Item 14.

SPECIAL AUTHORIZATIONS (services other than ordinary transcript):
The following services are permitted only if the judicial officer gives special authorization (initialed by the judicial officer where required on the form):

A. Apportionment of Transcript Cost. The Judicial Conference has stated that the total cost of accelerated transcript services should not be routinely apportioned among parties.

B. Types of Transcripts:

note: All but ordinary transcript services, to be delivered within 30 days after receipt of an order, require special prior judicial authorization.

(1) Expedited -- to be delivered within 7 calendar days after receipt of an order.

(2) Daily -- to be delivered following adjournment and prior to the normal opening hour of the court on the following morning, whether or not it is an actual court day.

(3) Hourly -- ordered under unusual circumstances to be delivered within 2 hours.

(4) Realtime Unedited Transcript -- to be delivered electronically during the proceedings or immediately following adjournment.

C. Trial Transcripts -- In the absence of special prior authorization, trial transcripts shall exclude the prosecution opening statement, the defense opening statement, the prosecution argument, the defense argument, the prosecution rebuttal, the voir dire and jury instructions.

D. Multi-defendant Cases -- According to Judicial Conference policy, no more than one transcript should be purchased from the court reporter on behalf of CJA defendants in multi-defendant cases. Arrangements should be made for duplication of enough transcript copies, at commercially competitive rates, for each CJA defendant for whom a transcript has been approved. The cost will be paid from CJA funds. This policy does not preclude the court reporter from providing copies at the commercially competitive rate. In addition, the court may grant an exception to this policy based upon a finding that application of the policy will unreasonably impede the delivery of accelerated transcripts to persons proceeding under the CJA. See paragraph

3.12C of the CJA Guidelines.

Item 15.

ATTORNEY'S STATEMENT: The court-appointed counsel or the person proceeding pro se under the CJA must sign and date the affirmation statement, and print or type the signatory's name. Check the appropriate box to designate your status as a CJA panel attorney, a retained attorney whose client is unable to afford the cost of the transcript service, a person who qualifies for representation under the CJA but who has chosen to proceed pro se, or an attorney from a legal organization (bar association, legal aid agency, or community defender organization not receiving a periodic sustaining grant under the CJA).

Item 16.

COURT ORDER: This order must be signed and dated by the presiding judicial officer, indicating eligibility under the CJA. An additional court order is not necessary to authorize procurement and payment for this service.

Item 17.

COURT REPORTER/TRANSCRIBER STATUS: Check the appropriate box that indicates the reporter's status. Generally, this information will be provided by the court, the reporter, or the clerk.

Item 18.

PAYEE'S NAME, MAILING ADDRESS AND TELEPHONE NUMBER:
Print or type the full name and mailing address of the payee. Provide the payee's telephone number, including the area code.

Item 19.

SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE: Provide your Social Security Number (SSN) or your Employer Identification Number (EIN) that you use to report earnings to the Internal Revenue Service (IRS).

Item 20.

TRANSCRIPT COSTS: Cost per page for transcripts prepared by official court reporters, contract court reporters, and transcribers of taped proceedings may not exceed the rates in effect at the time the authorization. Generally, persons proceeding under the CJA may receive only the original or a copy of the transcript. Two lines for transcript costs have been provided on the form to reflect that the page rate will vary depending upon whether the party received the original or a copy, and that certain portions may be provided at a higher rate for accelerated service. (If more lines are needed to reflect these factors, attach an additional sheet and record the information in the same format as on the form.) A page of transcript shall consist of 25 lines typed on 8 -1/2 x 11 inch paper, prepared for binding on the left side, with 1-3/4 inch margin on the left side and a 3/8 inch margin on the right side. Typing shall be 10 letters per inch. Provide the page numbers for each segment of the transcript.

Note: Claim reimbursement for only the following expenses: (1) Travel and subsistence of assistants who aid in preparation of daily or hourly transcript, if

authorized in advance by the presiding judicial officer; and (2) Extraordinary delivery costs, such as courier services or express mail (regular postage is not reimbursable). Specify and attach receipts or other supporting documentation for expenses.

Item 21.

CLAIMANT'S CERTIFICATION: Generally, the person providing the transcript services will sign this certification. However, if the transcript has been paid for, the attorney can request reimbursement for the cost on this form by signing the claimant's certification. In that event, the attorney also must be listed as the payee in Item 18, and the information required in Items 18 and 19 (SSN, payee's mailing address and telephone number) should relate to the attorney. If the 1099 should be sent to the attorney's Law Firm, indicate the TIN of the Law Firm or corporation and the Law Firm or corporate name in Item 19.

Items 22.

CERTIFICATION OF ATTORNEY OR CLERK. The attorney's signature in Item 22 verifies that the transcript was received. Clerks of court may verify receipt on behalf of persons proceeding pro se, and on behalf of all CJA parties in districts if the practice is authorized by local rule of the court.

Item 23.

APPROVED FOR PAYMENT: After reviewing for reasonableness and compliance with the CJA Guidelines, the presiding judicial officer must sign and date the voucher

Item 24.

AMOUNT APPROVED. The amount approved for payment.

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF <i>(Case Name)</i>		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE <i>(See Instructions)</i>	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED <i>(Describe briefly)</i>							
13. PROCEEDING TO BE TRANSCRIBED <i>(Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i>							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with <i>(Give case name and defendant)</i>							
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="display: flex; justify-content: space-between;"> <div> _____ Signature of Attorney </div> <div> _____ Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> _____ Printed Name </div> <div> _____ Telephone Number: </div> </div> <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. <div style="display: flex; justify-content: space-between;"> <div> _____ Signature of Presiding Judicial Officer or By Order of the Court </div> <div> _____ Date of Order </div> <div> _____ Nunc Pro Tunc Date </div> </div>			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME <i>(First Name, M.I., Last Name, including any suffix),</i> AND MAILING ADDRESS <div style="text-align: right;">Telephone Number: _____</div>			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE							
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original							
Copy							
Expense <i>(Itemize)</i>							
TOTAL AMOUNT CLAIMED:							
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment <i>(compensation or anything of value)</i> from any other source for these services. Signature of Claimant/Payee _____ Date _____							
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. <div style="display: flex; justify-content: space-between;"> <div> _____ Signature of Attorney or Clerk </div> <div> _____ Date </div> </div>							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT <div style="display: flex; justify-content: space-between;"> <div> _____ Signature of Judicial Officer or Clerk of Court </div> <div> _____ Date </div> </div>						24. AMOUNT APPROVED	